

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 000283	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/13/2013
NAME OF PROVIDER OR SUPPLIER LUTHERAN LIFE VILLAGES		STREET ADDRESS, CITY, STATE, ZIP CODE 6701 S ANTHONY BLVD FORT WAYNE, IN 46816		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00139054.</p> <p>Complaint IN00139054-Unsubstantiated, due to lack of evidence.</p> <p>Survey Dates: November 12 & 13, 2013.</p> <p>Facility number: 000283 Provider number: 155586 AIM number: 100275020</p> <p>Survey team: Angela Strass, RN</p> <p>Census bed type: SNF/NF: 117 Residential: 37 Total: 154</p> <p>Census payor type: Medicare: 19 Medicaid: 74 Other: 61 Total: 154</p> <p>Sample: 4</p> <p>Lutheran Life Villages was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the Investigation of Complaint IN00139054.</p> <p>Quality review completed on November 13, 2013 by Randy Fry RN.</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE